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Wisconsin Department of Agriculture, Trade and Consumer Protection *Division of Agricultural Development*

PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-5140

Wisconsin Organic Advisory Council - 2016 Nomination Form

s. 15.04(l)(c), Stats.

NOMINEE NAME	a nama)		40 00m to 012 41- 2	Causail	
NOMINEE NAME	I nominate (nominee's name)		to serve on the Council.		
		NOMINEE AFFILIATION			
STREET ADDRESS		CITY	STATE ZIP		
PHONE: () -	E-MAIL	1			
 If you are nominating sor	neone else, please provid	e your contact information:			
AFFILIATION/FARM NAME					
STREET ADDRESS		CITY	STATE ZIP		
PHONE: () -	E-MAIL				
What category best desc	ribes this individual?				
Certified organic	farmer sector representative	☐ Representative of org ☐ An at-large member	anic consumers		
 What background, exper	 ience, and/or education wo	ould this person bring to the Advisor	y Council?		
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What interpersonal, orga	nizational, and/or leadersh	nip skills would this person bring to t	he Council?		
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In what capacity/role could this person share information and communicate with the constituency he/she represents?
Would the person be able to attend four all-day meetings annually & contribute time to other OAC subcommittees/activities?
Other things we should consider about this person's nomination:
Checklist:
• Fill out this application form

- Fill out this application form.
- Provide two letters of support.
- Must be received at DATCP by February 15th, 2016.

Please send to:

Theresa Feiner **Business Development Specialist** WI DATCP PO Box 8911 Madison, WI 53708 608-224-5140

Theresa.feiner@wi.gov

s. 15.04(l)(c), Stats., the DATCP Secretary is authorized to create advisory councils to advise the department on matters within the department's jurisdiction.